



Health Department FY 2024 Proposed Budget Integrated Clinical Services

Presented to the
Board of County Commissioners

Multnomah County
May 23, 2023

Located at: www.multco.us/budget

Agenda

- Introduction
- Community Health Center Board
- Budget Overview - Approach & Equity
- Budget Overview by Program
- New, One-Time-Only, & Backfill General Fund
- Reallocations
- State/Federal Impacts or Other Policy Issues
- COVID-19 and American Rescue Plan Programs
 - FY 2022 Update and FY 2023 Budget
- Questions



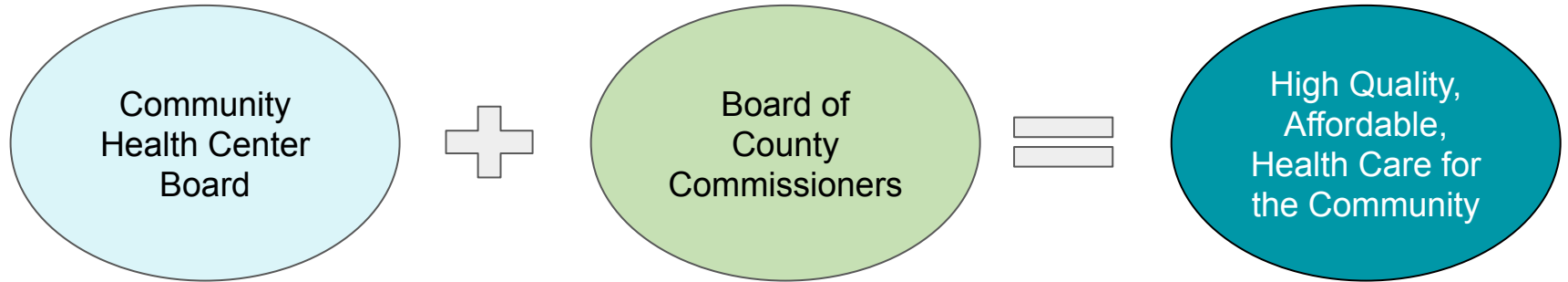
Community Health Center Board

Integrated Clinical Services operates as a Community Health Center. Multnomah County serves as the Grantee and the Community Health Center Board is the required co-applicant governing body.

- Governing board for the health center must be 51% patient majority
- Sets health center policy and services available
- Monitors and oversees the financial performance
- Approves the health center's budget
- Selects and evaluates the Executive Director



Health Center Partnership



Our Values

Equitable care that assures all people receive high quality, safe, and meaningful care.

Patient and community determined - leveraging the collective voices of the people we serve.

Supporting fiscally sound and accountable practices which advance health equity and center on racial equity.

Engaged, expert, diverse workforce which reflects the community we serve.



Community Health Center Board Budget Process

- The CHCB holds annual strategic planning and evaluates the work of the health center program.
- For the FY24 Budget, the CHCB specifically prioritized advancing patient access with a health equity lens, continuous quality improvement in services, and investments into workforce development and retention.



CHCB Budget Framework

Competitive growth and increasing patient access

- How do we remain visible in a highly competitive care environment?
- What are the ways in which we contribute to the safety net systems?
- What barriers can we remove to client access?

Equity Driven Patient Engagement

- How can our care teams align care with other social needs?
- How do we build upon existing clinical teams to connect with other health organizations and support transitions of care?
- How do we focus on access to care in a way that does not lead to greater inequity?

Sustaining the Workforce

- What are the ways to retain high performing teams?
- How can we create career pathways for roles with national shortages?
- How do we partner with other organizations to support new providers?

Key Value Based Care Investments

- What are the ways in which we can adopt technology to support long term investments?
- How do we focus on the types of reports and outcomes which make a difference for our clients and the State cost-growth target?



Today's Health Center

Multnomah County's Community Health Center is the largest public health center in Oregon. We provide care to all Multnomah County residents, including those who are low-income and uninsured.



Primary Care

Comprehensive primary care services at seven main locations, plus an additional specialty HIV clinic and specialty refugee care program.

Integrated Behavioral Health

Access to behavioral health, including MAT services, is available in all main health center clinics.

Dental

Preventive and some specialty dental services are co-located at six of our main primary care sites, with an additional dental clinic specializing in services for persons experiencing homelessness. We also provide school dental services through fluoride varnish and well child dental care programs.

Student Health Centers

We offer comprehensive primary and mental health care services to all Multnomah County youth ages 5-18 at nine different schools. There are no out-of-pocket costs.



Pharmacy

Safe and effective medication therapy across the continuum, including clinical pharmacy services, customized adherence packaging and mail order pharmacy services.



Wrap Around Support

As a community health center, we also provide all patients help with insurance enrollment, interpretation, and access to other key programs designed to improve wellness. This includes: help with connection to social and health related services, transportation, and support to mitigate food insecurities and to ensure access to health food options including fruits/vegetables.

Mobile Health: **Coming soon!**

Access to same day primary care and dental services with wrap around support at more than seven partner locations.



Widespread geographic access

Overall, our health center program has 24 clinics across 18 locations. Our seven main locations have all three services available (co-located).



- 3 Administrative Locations
- 7 Primary Care Clinics
- 1 Specialty HIV Clinic
- 7 Dental Clinics
- 9 Student Health Centers
- 7 Pharmacies
- ◆ Mobile Clinic Partner Site (Coming soon!)



Recognition for our Services

Excellence and Innovation in Operational Services



One of 15 programs nationally to receive the Rapid Start designation grant, allowing newly diagnosed HIV positive clients connection to care in 3 days.

OHA Recognition for best practices in the Patient Centered Primary Care Home Program



The Center for Care Innovation recognized the health center's expansion work of virtual care options for BIPOC patients

Student Health Centers continue to bring care to Youth across middle schools and high schools through new telehealth access point awards - the Health Center is one of three state programs to pilot this expansion.



Accomplishments tied to Strategic Objectives

Financial Stewardship

- Mail Order Pharmacy Expansion

Operational Excellence

- Multnomah Education Service District Telemedicine Pilot
- Standard scrub (ensuring preventive screenings)
- Hygienist vaccination support for Flu Vx

Our People

- Advanced Practice Clinician Fellowship early successes
- Launch of Expanded Function Dental Assistant training program

Health Center of Choice

- All primary care locations recognized to Patient Centered Primary Care Home Tier 4
- Behavioral Health Peer Programs and expansion into Student Health Center

Advance Health Equity

- NARCAN Distribution from Student Health Centers and Pharmacy
- Dental Quality metrics performance and access at 89 schools!
- Rockwood Health Center Investments
- Northeast Health Center Telemedicine Pilot



FY24 CHCB Budget Investment Priorities

Competitive growth and increasing patient access

Equity Driven Patient Engagement

Sustaining the Workforce

Key Value Based Care Investments

- Secure funding to repair Rockwood health center and assure access
- Alignment between service outreach teams and transitions of care, so that more time is available for case management
- Adding additional clinical roles in high demand areas, including integrated behavioral health
- Focusing education and visibility on available health services during upcoming cycles of redetermination

- Transition of care management to support high risk patients with mental and behavioral health diagnoses
- Fully launch mobile health services and expand pharmacy planning for low access areas of Multnomah County
- Establish Equity leadership roles as a permanent team



FY24 CHCB Budget Investment Priorities

Competitive growth and increasing patient access

Equity Driven Patient Engagement

Sustaining the Workforce

Key Value Based Care Investments

- Launch of internal and external training programs for Medical Assistants, Expanded Function Dental Assistants, and Pharmacy Technicians
- Advanced Practice Clinician Fellowship launch in Primary Care to build a pipeline of providers

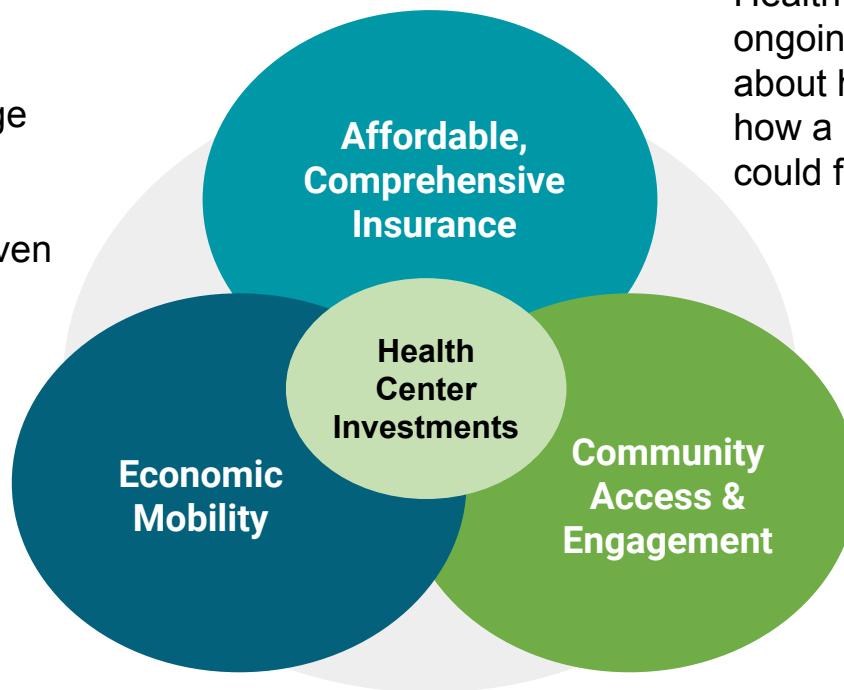
- Improve timely access to speciality care through eReferrals
- Expanding Community Health Worker teams
- Establishing roles which support coordination of care, such as templating, reporting, and case management, and nurse triage.



Social drivers of health and health center investments

Access to stable, living wage jobs and demand for healthcare roles across service lines will become even more essential as an economic downturn is predicted

- Expanded function Dental Assistant and apprenticeship
- Medical Assistant apprenticeships
- Pharmacy Technician pathways



Transitional year from the Public Health Emergency will require ongoing engagement with patients about health insurance options.... and how a new Basic Health Plan in 2025 could further support

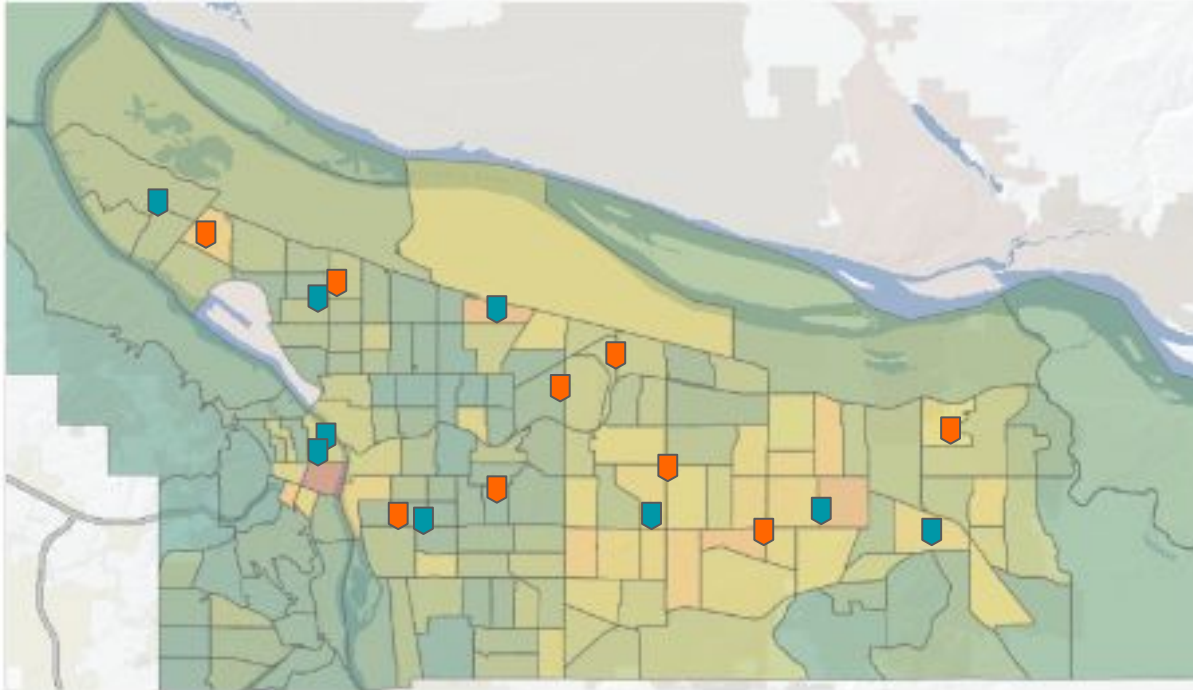
- Eligibility teams
- Front desk staff
- Call center support

Ongoing collaboration between clinical and non clinical systems to support access to healthy foods, specialty care, transportation, and interpretation.

- Community Health Workers
- Provider Referrals
- Mobile Clinic Engagement



Economic and poverty levels still align with areas of highest patient demand



Existing patients by home zip code shows largest concentrations in Northern and Rockwood to East County regions. Trends in poverty and the economic mobility index continue to align with patient care access points.

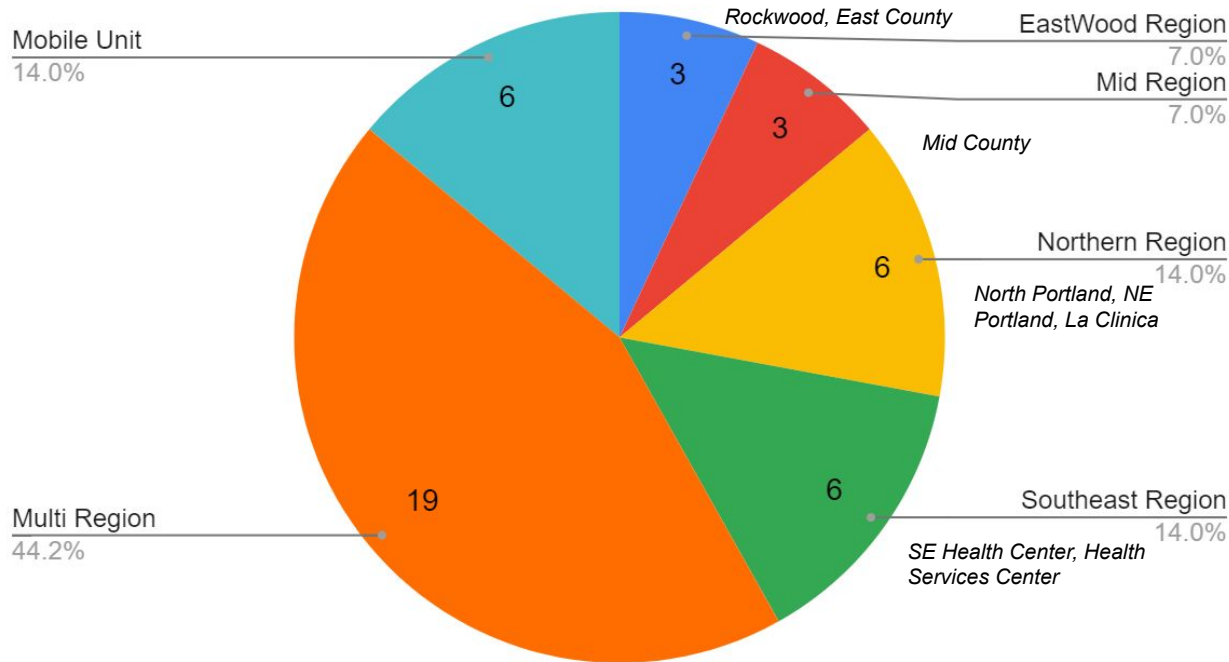


County "Economic Mobility Marginalization" heatmap updated in November 2022. Multiple indicators, sourced from U.S. Census Bureau; ACS 2017 5-year estimates

 Main health center location  Student health center location



Proposed FY24 Role Distribution



43 new roles proposed in FY24 budget, spread across multiple locations and service areas.*

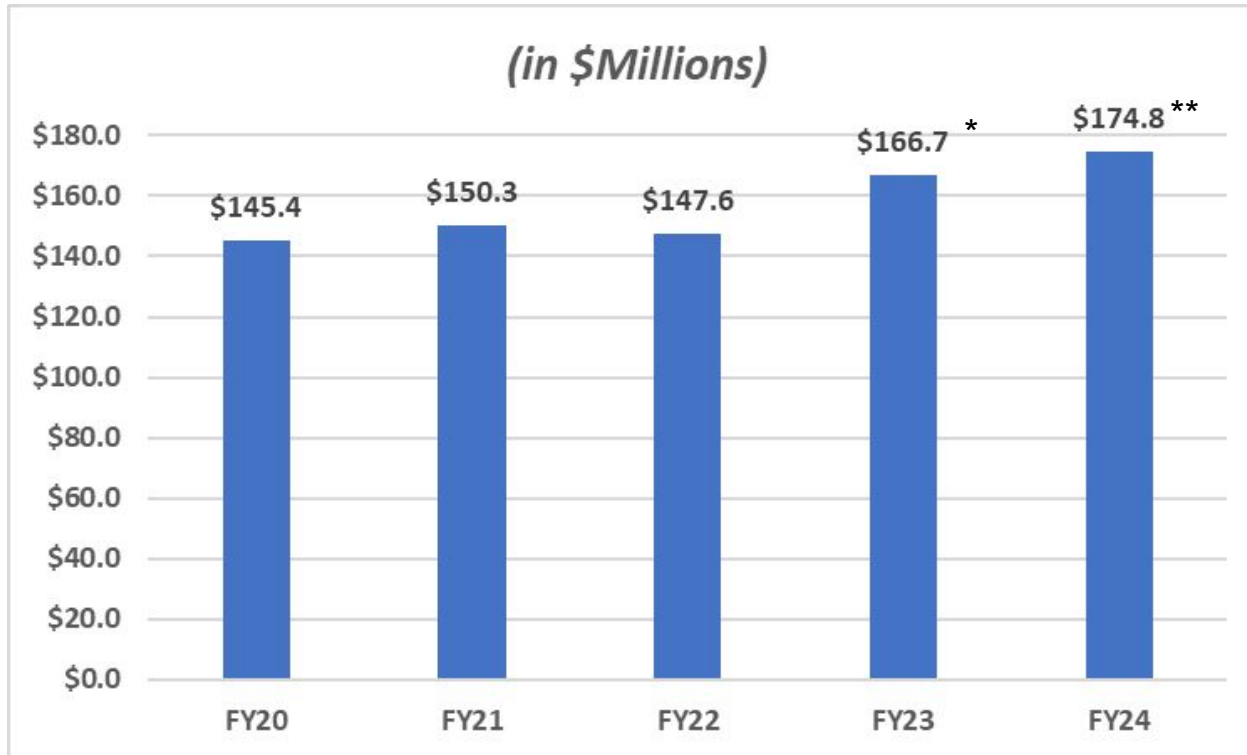
- *38 roles are clinical*
- *5 roles are supportive/enabling roles*

- Roles may represent partial FTE, including positions which work in many regions.
- “Multi Region” defined as a position which spends time in multiple regions.



Health Center Budget Trend

- The FY24 Budget Growth is primarily driven by changes in the wraparound and APM fund

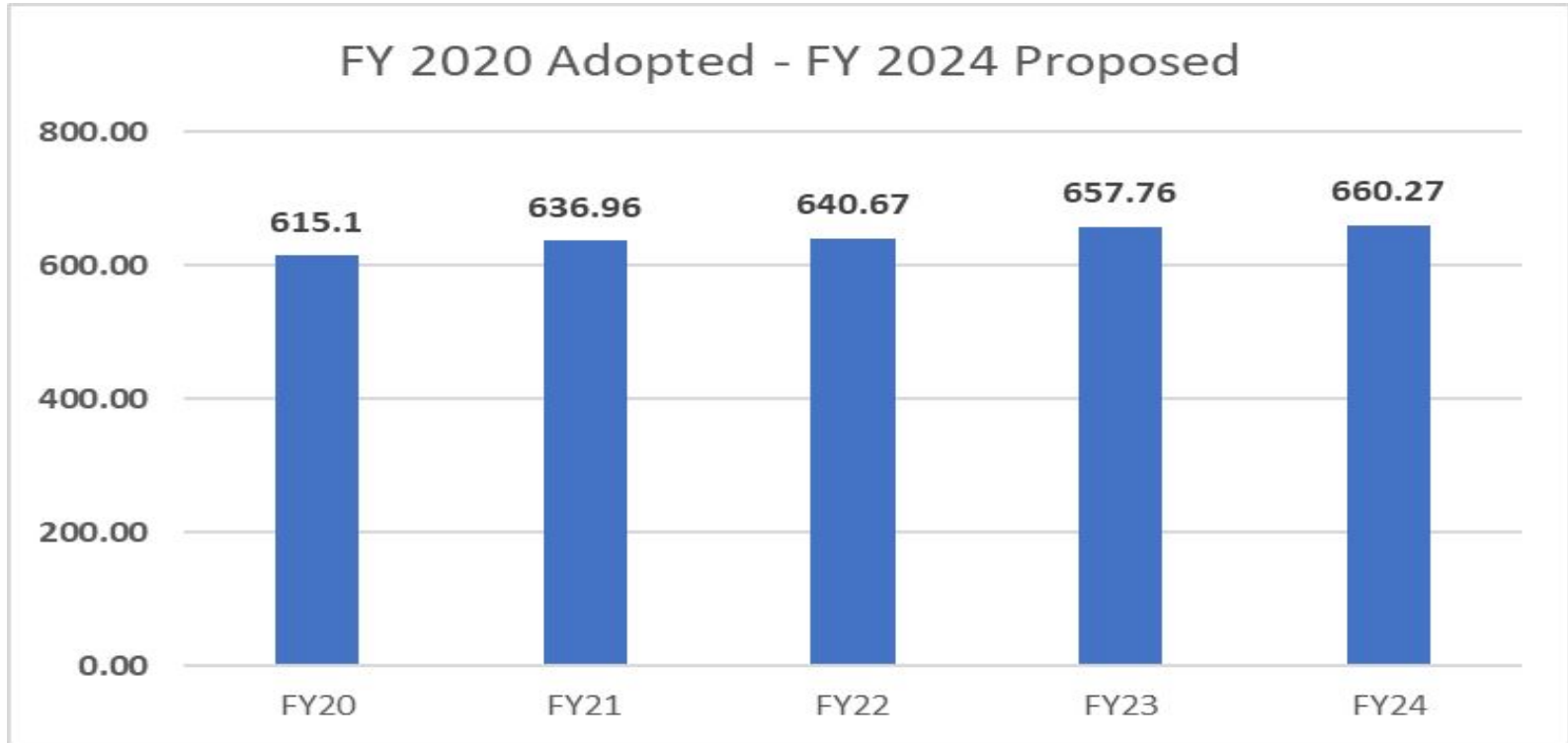


* FY23 Includes \$8M ARP funding

**FY24 Operating Budget

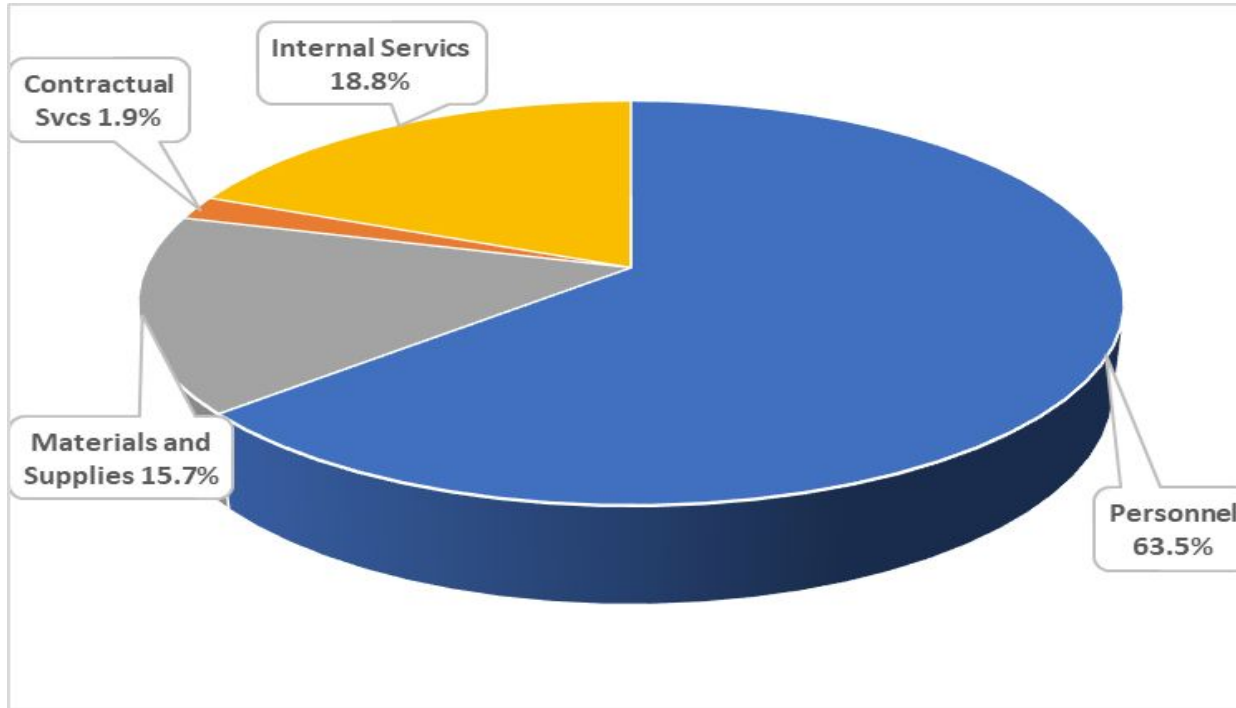


FTE - 5 Year Trend



Health Center Budget by Category

- Majority of costs come from personnel
- Growth in material and supply costs in FY24 driven by inflation, expected increases in drug costs





FY 2024 Proposed Budget

Summary & Impacts

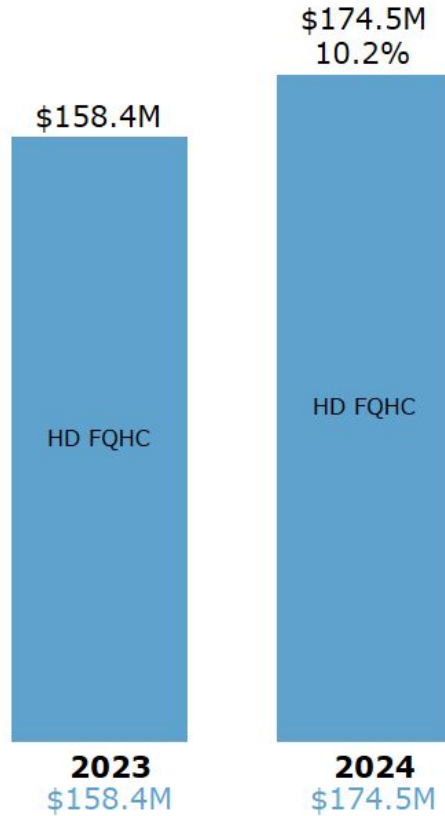
New, OTO, Backfill & Restored Offers

- Rockwood Community Health Center (78237-78239): Rockwood Community Health Center will utilize \$3.6M OTO funding through Department of County Assets and Facilities to address core infrastructure, including HVAC and air isolation systems, roof, electrical, and lighting repairs.
- Rockwood Community Health Center was purchased from Care Oregon as part of the FY23 Budget and will benefit from long term infrastructure investments, ensuring accessibility and care services for the neighborhood.

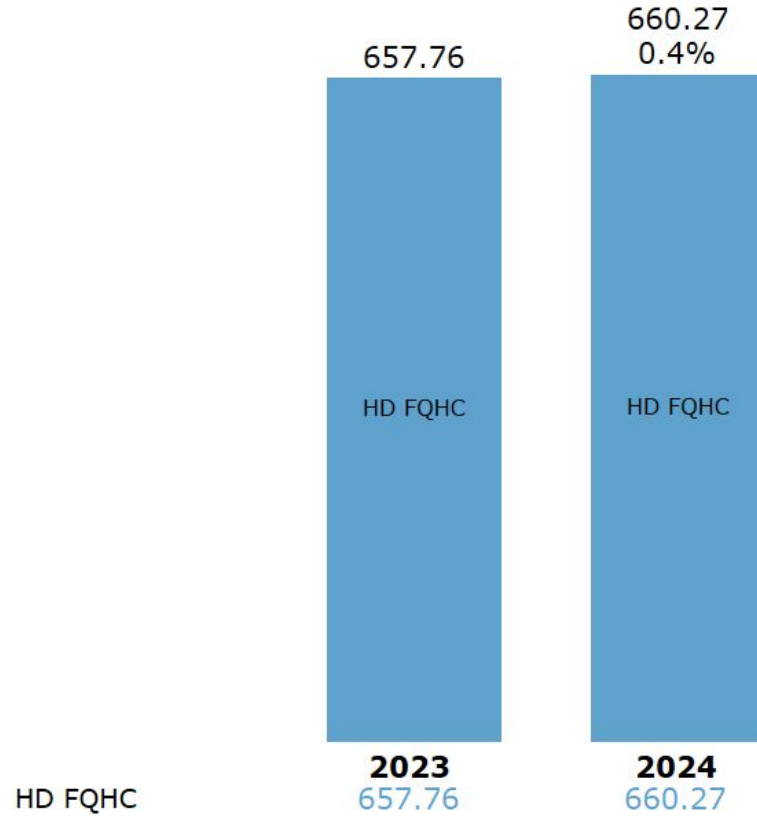


Integrated Clinical Services (ICS)

Total Budget & Percent Change



FTE & Percent Change



HD FQHC

Excludes contingencies and unappropriated balances



Overview and/or Significant Program Changes

Program Area	FTE and \$ Changes for FY24	Client Impact
Lab services Program Offer #40032	8.8 FTE impacted (\$1.8M reduction) <ul style="list-style-type: none"> - 0.8 FTE moves to Quality Cost Center - 3 FTE are vacant (eliminated) - 5 FTE are filled (eliminated and offered alternative roles) 	<ul style="list-style-type: none"> - Prioritizes increasing access in testing timelines - Predicted to reduce testing turnaround time - No cost impact or change to patient; may improve patient experience in clinic with increased number of lab technicians on site
Value based care investments (Multiple Program Offers)	12 FTE roles added (\$1.42M addition) <ul style="list-style-type: none"> - 3 FTE for Case Management - 2 FTE Nurse Triage - 4 FTE Integrated Behavioral Health - 2 FTE Community Health Workers - 1 FTE Template specialist 	<ul style="list-style-type: none"> - Case management and behavioral health roles are critical to meeting benchmarks in VBC outcomes and client engagement - Select roles carried over from ARPA learnings based on relation to social determinants of health and care outcomes
Expansion of Client Access (Mobile Van) Program Offer #40027	6 FTE of clinical staff and operational team added (\$1M addition)	<ul style="list-style-type: none"> - Represents Mobile Van expansion team - Covers primary care, dental, and behavioral health services



Overview and/or Significant Program Changes

Program Area	FTE and \$ Changes for FY24	Client Impact
Dental Program Offer #40017	<ul style="list-style-type: none">- Steady recovery assumed in budget estimates- Vacant roles transitioned into apprenticeship training for Dental Assistants- Budget Neutral	<ul style="list-style-type: none">- Workforce development pathways for Expanded Function Dental Assistants will support community access to dental care and pathways for job growth- Increase in overall client access for dental care
Primary Care (Multiple Program Offers)	<ul style="list-style-type: none">- Expansion of Advanced Practice Clinician Fellowship- Budget Neutral	<ul style="list-style-type: none">- Increased number of primary care providers and longer term retention of staff across multiple clinic locations- Increase in overall client access in primary care
Pharmacy Program Offer #40031	<ul style="list-style-type: none">- Pharmacy administration roles adjusted to support pharmacy operations (no change to FTE)- Budget Neutral	



State/Federal Impacts

State Medicaid:

- Medicaid 1115 Waiver

OHA's LAN Model for Value Based Pay:

- SAM 2023
- Staffing, care team, technology investments
- Negotiations and risk based agreements with CareOregon and other payers

Regulatory Pharmaceutical Changes

- 340B drug program continues to receive a high level of scrutiny at federal and state levels;
- State and federal efforts to impose upper payment limits for Medicare and Medicaid may disproportionately impact FQHCs.

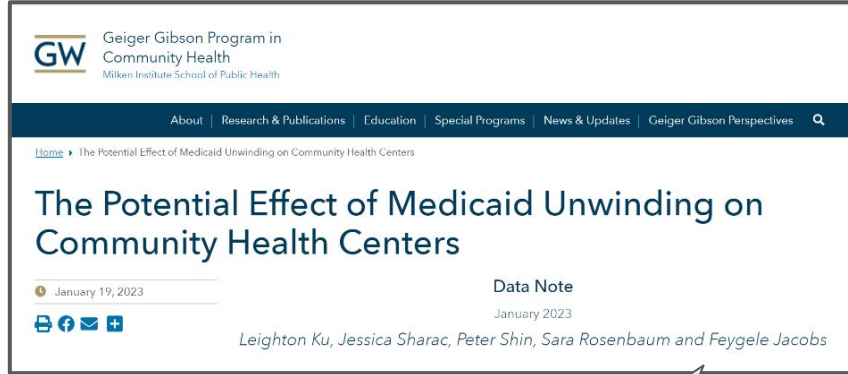


Redetermination Actions

- All Oregon Health Plan members will be required to submit proof of eligibility over the next 12 months (known as “redetermination”). This process had temporarily paused during the Public Health Emergency.
- A new “Basic Health Plan” is also under development, with implementation set for 2025
- What is Happening Now?
 - Clients are “scrubbed” prior to appointments to determine if they need to re-submit coverage information
 - Educational materials and communication distributed in clinic and at pharmacy windows
 - Clinical staff engaged in education sessions
 - Proactively monitoring the ONE System to verify if clients have received notices from the State
 - Postcard reminders around activities necessary to retain insurance at Health Center front desks.
 - Collaboration with OHA & Health Share on radio promotion, mailers, and community signage.



Redetermination Actions



The screenshot shows the header of a report from the Geiger Gibson Program in Community Health at the Milken Institute School of Public Health. The title is "The Potential Effect of Medicaid Unwinding on Community Health Centers". It is dated January 19, 2023, and is categorized as a "Data Note". The authors listed are Leighton Ku, Jessica Sharac, Peter Shin, Sara Rosenbaum, and Feygele Jacobs. There are social media icons for print, Facebook, Twitter, and Email.

- What will the impact be?
 - Multiple studies predict that thousands of Oregonians will lose access to healthcare coverage in the upcoming year
 - OHA has estimated that 25% of existing members may no longer be eligible based on expanded income brackets
 - Some members may be able to switch to Medicare, Marketplace coverage, or employer based insurance. Others will remain uninsured.

In 2022, the Office of the [Assistant Secretary for Planning and Evaluation](#) (ASPE) and [the Urban Institute](#) each estimated that about 15 million fewer people will be enrolled in Medicaid by the end of the unwinding, about a 17% reduction in the number enrolled just before unwinding.

[Based on the GW Analysis] Oregon Community Health Centers will see a Statewide decrease of 34,554 clients enrolled in Medicaid



COVID-19 and ARP Update

COVID19 response will remain integrated into main operations:

- Primary care treatment and screening
- Expanded offering of Covid home tests to family members of clients & fast track triage to treatment via the call center triage nurses
- Continued vaccination efforts of Health Center clients

ARPA Funds Run off:

- Majority of impacted roles with agency coverage
- Other ARPA funds invested into infection prevention tools, equipment, and mobile van
- No significant ARPA balance
- Data informed the decisions to continue or calibrate ARPA programs and investments



Direct COVID-19 & American Rescue Plan Funding

Table includes direct ARPA funding from HRSA, and not County - wide ARP funding.

Program	FY 2023 Adopted	FY 2024 Proposed	Variance
40199G: ARP - Integrated Clinical Services (FQHC) - Direct ARP	8,075,272	0	(8,075,272)
Total	8,075,272	0	(8,075,272)



Questions

